5 1. il.

FILE NO UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY UPA-01106 FOR PATENT APPLICATION

As a below named inventor. I hereby declare that my residence, nost office address and citizenship are as stated below next to my name and that I verily believe that I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor(if plural names are listed below) of the subjec matter which is claimed and for which a patent is sought on the invention entitled

MULTI-FREQUENCY BAND ANTENNA the specification of which is attached hereto, unless the following box is checked:

as United States patent applicate
as United States patent applicate as United States patent application Serial Number , or PCT International patent application No. and was amended on (if any)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1 56 I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) or Provisional Application(s) COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY CLAIMED UNDER 35 U.S.C.119 (day, month, year) YES NO YES NO

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) fisted below and, insofar as the subject matter o ach of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Tule 35, United States Code, Section 112 I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

I hereby appoint Jason Z. Lin, Registration No. 37,492, whose address is list below, as my principal agent with full power of substitution and revocation to rosecute this application, to transact all business in the Patent and Trademark Office connected therewith and to receive all correspondence

SEND CORRESPONDENCE TO :

Jason Z. Lin

19597 Via Monte Drive Tel: (408) 867-9757 Saratoga, CA 95070 Fax: (408) 867-7437

I hereby declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true: and further that these statement were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued hereon

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTORS SIGNATURE		DATE		
Wen-Jen Tseng	Wen-Jen Tseng		2000/12/18		
RESIDENCE			COUNTRY OF CITIZENSHIP		
No. 4, Lane 25, Tiee-Luh St., Guu-Shan Dist., Kaohsiun	Taiwan, R. O. C.				
POST OFFICE ADDRESS No. 195, Sec. 4, Chung Hsing Road, Chutung, Hsinchu, Taiwan 310, R.O.C.					
FULL NAME OF SECOND JOINT INVENTOR(if any)	INVENTORS SIGNATURE		DATE		
Jyh-Wen Sheen	Jyh-Wen Sheen		2000/12/18		
RESIDENCE	COUNTRY OF CITIZENSHIP				
13F-2, No. 121, Lane 89, Guang-Fuh Rd., Sec.1, Hsinchu, Taiwan, R. O. C.			Taiwan, R. O. C.		
POST OFFICE ADDRESS					
No. 195, Sec. 4, Chung Hsing Road, Chutung, Hsinchu, Taiwan 310, R.O.C.					
FULL NAME OF THIRD JOINT INVENTOR(if any)	INVENTORS SIGNATURE		DATE		
RESIDÊNCE	COUNTRY OF CITIZENSHIP				
POST OFFICE ADDRESS					